

**Attendance Verification Form
VIA INTERNET / VIDEO**

Course Title: Mandatory Lobbyists Ethics Training

Name of Employer: _____

Course Date: _____

Name of Lobbyist: _____

Address: _____

Verification Code: _____

Code will be provided during training session

I attest that the foregoing is true and correct to the best of my knowledge.

Signature

Date: _____

Tennessee Ethics Commission
201 4th Ave N., Suite 1820
Nashville, TN 37243
Phone: 615-253-8634
Fax: (615) 253-8704
www.tn.gov/sos/tec/